

Entered - 02/17/04- sb CL - 04L0105 LISA CARTER

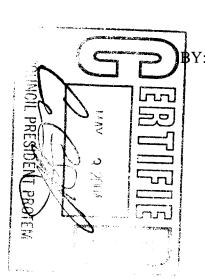
**CLAIM OF: EDDIE M. GRAY** 

4371 Winters Chapel Road #1812 Atlanta, Georgia 30360

<sup>04-</sup> R -0689

For damages alleged to have been sustained as a result of striking a sewer manhole on January 19, 2004 at Donald Lee Hollowell Parkway, NW and Maynard Road, NW.

THIS ADVERSED REPORT IS APPROVED



JERRY L. DELOACH DEPUTY CITY ATTORNEY

## **ADVERSE REPORT**

PUBLIC SAFTEY &

EGAL ADMINISTRATION COMMITTEE

ALL SHAR C. TINS

lolo Auston

**ADVERSED** 

MAY 0.3 2004



RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK

May 10, 2004

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST SUITE 2700 ATLANTA, GEORGIA 30303 (404) 330-6033 FAX (404) 658-6273

Eddie M. Gray 4371 Winters Chapel Road Apartment 1812 Atlanta, Georgia 30360

04-R-0689

Dear Mr. Gray:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on December 01, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Honda Lauphin Johnson

Rhonda Dauphin Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>04L0105</u>		Date: <u>April 1</u>	3, 2004	
Claimant /Victim EDDIE M. GRAY				
BY: (Atty) (Ins. Co.)				
Address: 4371 Winters Chapel Road #1812 Atlanta,	Georgia 30360			
Subrogation: Claim for Property damage \$ 21	4.20	Bodily Injury	\$	
Date of Notice: 02/03/04 Method: Written, proper_	X		Improper	
Conforms to Notice: O.C.G.A. §36-33-5 X	Ant	te Litem (6 Mo.)		
Date of Occurrence 01/19/04 Pla	ice: Donald Lee	Hollowell Parkway	y, NW and Maynard Road	
Department Bureau:	Division:			
Employee involved	_ Disciplinary Ac	ction:		
		1. 0 . 11 .		
NATURE OF CLAIM: The claimant alleges that he sustain				
Lee Hollowell, NW and Maynard Road. However, an investi				
this location and is responsible for the claimant's damages. The	ie claimant has be	en advised to pursu	ie his claim with Roland Pugh	
Contractors.				
INVESTIGATION:				
Statements: City employee Claimant	Others	Written	Oral	
Pictures Diagrams Reports: Police _	Dep	t Report X	Other X	
Traffic citations issued: City Driver	Claimant Driv	er		
Citation disposition: City Driver	Claimant Drive	er		
BASIS OF RECOMMENDATION:				
Function: Governmental	_ Ministerial			
Improper Notice More than Six Months	Other	X Damages	reasonable	
City not involved X Offer rejected	d	Compromise settl	ement	
Repair/replacement by Ins. Co City Negligent City Negligent	Repair/replace	ement by City Forc	es	
Claimant Negligent City Negligent	Joint	Claim Ab	andoned	
	Respectfull	y submitted,		
	$\langle \langle 1 \rangle \rangle$	Cast		
	INVESTIGATOR - LISA CARTER			
RECOMMENDATION:				
	ccount charged:		012H01	
Claims Manager: Mun Cu Struck		date 04/15	104	
Committee Action:	Council Actio	n		

Carter OF/13/OLF FOR DAMAGES J 1-24-04
1-26-04
-04 - SB CARTER
20 property
lice called: Yes No
MORIAL HIGHWAY
No. SIDE FRONT TIRE
DLITTING
CER TO DRIVE H CAN
G OF FALSE CLAIMS WILL SECUTION!
tach two (2) estimates of repair and
DDIE M. GRAY river's Name)
epartment/Bureau)
elephone Number)
City of Atlanta, as granted by ).
Aimant's Name)
nimant's Name) <u>CHAPEL RD</u> # 1812 (ddress)
A 30360

COUNCIL OF THE CITY OF ATLANTA			: CLAIM FOR DAMAGES	2
MUNICIPAL CLERK		Too	lay's Date: 1-24-04	<i>,</i>
City Hall 55 Trinity Avenue, S.W.	<b>FEB 0 3</b> 20	ΛΛ ⊅ ♂#	D - 2-17-04 - SB	
Atlanta, Georgia 30335			5 - LISA CARTER	
Dear Municipal Clerk:	MUNICIPAL	111		
This is to notify the City of Atlanta that I have s and/or \$bodily injury	suffered damages in the for which I contend the	e amount sum of \$_ne City is liable.	219,20	prop
1. Date of incident: 1-19-04 (month/day/ year)	2. Time of In	icident: <u>2:53</u> 1	?	s L
4. Location of incident (including street addres	ss): MAYNAKE	+ VETERA	NS MEMORIAL HIC	HWA
5. Name of your insurance company:		144 00 (	Policy No.	
5. Name of your insurance company:  6. State what and how incident occurred:	IT BIG PO.	-HULE	LEFT FRONT	TIRE
WHEEL - BENT INSIDE	+ CUT + CR	ACKED WI	TH SPLITTING	5_
SENDING PICTUR	ES AS EV	1DUNCE	OF LOCATION	<i>i</i> / 1)
DAMAGES. CAR A	EPAIRED B	ECAVSE OF	DANGER TO UK	1V8 #
MORE DAMAGES, (EX) TO ALL ESTIMATES AND DAMAGES AND	RE SUBJECT TO IN	SPECTION. TI	HE MAKING OF FALSE C	LAIMS V
RESULT IN YOUR CLAIM BEING DE	NIED AND MAY RE	SULT IN CRIMI	NAL PROSECUTION!	
Your vehicle: PONT CRAM PLIX (Make)	$\frac{67}{(\text{Year})} = \frac{1999}{5}$	Gag Number)	(Driver's Name)	-RAY
City vehicle:(Make)	(City Driver's Nan	ne)	(Department/Bureau)	
` ·				
9. Witness:(Name)	(Address)		(Telephone Number)	
<ul><li>10. The acknowledgment of this claim in State law, nor is it an admission of liability</li><li>11. Claims <u>must</u> be received within 6 months</li></ul>	on behalf of the City of	Sovereign immun of Atlanta and/or its	ty of the City of Atlanta, employee(s).	as grante
		T. D. D. J.	M GONY	
I HEREBY SWEAR OR AFFIRM THAT	THE ABOVE	EUDIE	M. GRAY (Print Claimant's Name)	
INFORMATION IS TRUE AND CORRECT	U1.		,	11 6
Signature of Claimant  TN: DVRING THIS	<u> </u>	4371-WIA	) TERS CHAPEL R. (Address)	D#12
TAI DURING THIS	TIME	ATLANT	A GA 303 (City, State and Zip Code)	60
TO UNEMPLOYED AND	) WOULD	170-217.8	City, State and Zip Code) $322 - 444$	クスケノ
THE UNEMPLOYED AND  PPRECIATE YOUR EAR  F CONSIDERATION TO  THANK YOU, & Sain	4557	(Work Numb	822 770-441- er) (Home N	umber)
I CONSIDERATION TO				
P CONSTRUPY	MY CLAIR	1	04- <i>R</i> -0689	